PLACE OF DEATH	ARIZO	NA STATE BOAR	State Index No
County June	BUREA	U OF VITAL STATISTICS	County Registered No.
	ORIGINAL	CERTIFICATE OF DEATH	•
Town Mauser	<u> </u>		Local Registrar's No
Or City (If de	0Tion	ital or Institution, give its NAME	St. instead of street and number.)
(If dea	th occurred in a riosp	adas	
FULL NAME	raggie	uaar	
i	PARSICULARS	MEDICAL CERTIF	ICATE OF DEATH
PERSONAL AND STATISTICAL	NGLE	DATE OF DEATH	13
White indian M	ARRIED HOWED	fre	Month) (Day) (Yeas
Mexican	or DIVORCED		2-1
DATE OF BIRTH	6 191	I hereby certify, that Latter	Tueu deceased from
(Month)	(Day) (Year	Z 101/	; that I last saw h all
	If less than 1 day	on 7- 13 191 7, and	that death occurred on the da
yrs mos days	hrs., ormin.	stated above at 11.50 P.M. 7	he DISEASE of INJURY causi
AGE yrs		Death was as follows:	A
li 2 . Carrel noture of industry		D/JGarpin	1 Rice
business, or establishment in which employed or (employer)			59
(b) General nature of the business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	ليسه 1	(Duration	yrs mos days
	ON THE STATE OF TH	Was discuse contracted in A	rizona?
NAME OF FATHER	dair C	If not, where?	
FATHER OF BIRTHPLACE OF		CONTRIBUTORY	
FATHER State or country)	yres	(Duration	yrsmosdays
MAIDEN NAME	asa.	(Signed) Celet	ocuson
of MOTHER Eugen	ua	7 V/8 101 9 W	idress) Francia
BIRTHPLACE OF MOTHER State or country)	seo		USES state (1) MEANS OF INJU VAL, SUICIDAL, OF HOMICID
THE ABOVE IS TRUE TO THE PER	T OF MY KNOWLED	TENTON OF RESIDENCE	,
ad U	lar	At place of deathyrsmo	sds. In Arizonayrs,mos
(Informant) Ad Ud	- are	Former or Usual Residence	
Address) DA'	TE OF BURIALO		Stinemaro
REMOVAL 0	R REMOVAL		Local Regist
	DRESS	I rueu	
UNDERTAKER	LJ & C & J C & J TO .	191	. County Regist